TRRRCTOO				NORTH OLDOT THE		22.07		
IPDR6702 RUN DATE:	08/08/2004		IPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PAGE	1	
			C	HECKWRITE DATE: 08/10/2004				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER	DROUTERE WAVE	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLDER	PROVIDER NAME	2020	DENTITIES	2200111101	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	239	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		8505	18	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	5	262	262	0
				NI BUDGEI				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				Tributation of the state of the				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		C	0	0	0
3404904	WESTERN HIGHLAN	8599	343	DETAIL NOT COVERED BY COMBINAT				
	DS LME	+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	+			
		8505	183	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	51	668	4445	3777
				NT BUDGET				
		167	36	NO CHARGE BILLED. ENTER BILLED				
				AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404905	TREND COMM MENT	8525	46	CLAIM DENIED, REFERRING PROVID				
	AL HLTH CTR			ER MUST BE AN LMA.				
		8326	17	ATTENDING PROVIDER NUMBER IS R	0	63	63	0
				EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
3404907	RUTHERFORD-POLK	8326	164	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	164	164	0
3404910	PATHWAYS	8517	144	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				THROUGH APRIL DOS MUST BE SUBM				
		11	136	CLIENT NOT ELIGIBLE ON SERVICE	C	329	473	144
				DATE				
		8599	43	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
		+			†			
3404912	CATAWBA COUNTYM	8931	119	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.	1			
		+			+			
		8599	90	DETAIL NOT COVERED BY COMBINAT	126	350	5084	4734
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
		+			1			
		8517	51	CLAIMS DENIED, SUBMITTED BEYON				
•				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	1			
		+		, ,	+			
3404913	MECKLENBURG COM	8517	1295	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT	1		D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	1		1	
		+			†			
		11	695	CLIENT NOT ELIGIBLE ON SERVICE	152	2606	3795	1189
	1	1		DATE	1		1	
	+	1			+			
				4	-	l	l	<del>                                     </del>
		8599	308	DETAIL NOT COVERED BY COMBINAT				
		8599	308	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.				

PROVIDER	1	HIGH DENIAL	NUMBER OF		TNC	TOTAT	TOTAL	TOTAL
NUMBER	ppourppp	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NAGRO	PROVIDER NAME	COUA	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
			1					
3404916	CROSSROADS BEHA	8505	82	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		10	57	DIAGNOSIS OR SERVICE INVALID F	0	220	1313	1093
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8000	45	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
				NICE THE CENTER DETITE				
2404017		8517	765	OTATIO DENTED OVERVERED DENOV				
3404917	CENTERPOINT HUM	0317	763	CLAIMS DENIED, SUBMITTED BEYON				
	AN SERVICES			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		120	408	CLIENT ID NUMBER MISSING OR IN	202	2228	7873	5645
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	263	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	+	+	+	BENEFIT PACKAGE.				
	+	+	1		1			<b></b>
3404918	DOGUTNOUSH ··	23	1495	SERVICE REQUIRES PRIOR APPROVA				
	ROCKINGHAM CO M			T.	1			
	ENTAL HEALT	+	1	<u>-</u>	1			
		11	164	CLIENT NOT ELIGIBLE ON SERVICE	0	1742	1834	92
				DATE				
		537	70	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
	+							
3404919	OUTT BODD OF MEN	8517	473	CLAIMS DENIED, SUBMITTED BEYON				
3101313	GUILFORD CO MEN	0017	175	D FILING TIMELIMIT. JULY				
	TAL HEALTHC			THROUGH APRIL DOS MUST BE SUBM				
				INROUGH AFRIL DOS MUSI BE SUBM				
		8599	405	DETAIL NOT COVERED BY COMBINAT	212	1299	7806	6507
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	127	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920	ALAMANCE CASWEL	8517	242	CLAIMS DENIED, SUBMITTED BEYON				
	L AREA MH D			D FILING TIMELIMIT. JULY				
	L AREA MH D			THROUGH APRIL DOS MUST BE SUBM				
				Intoon intil boo not be com				
		0500		DEMAND NOW COMPANY BY COMPANY				
		8599	69	DETAIL NOT COVERED BY COMBINAT	11	394	2668	2274
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	26	CLIENT ID NUMBER DOES NOT MATC				
		1		H PATIENT NAME				
3404921	ORANGE PERSON C	5312	1104	PRIOR AUTHORIZED DOLLARS EXCEE				
3404921					-			
3404921	HATHAM AREA			DED			t	
3404921	HATHAM AREA			DED				-
3404921	HATHAM AREA			DED				
3404921	HATHAM AREA	8505	180	DED  CLAIM DENIED DUE TO INSUFFICIE	21	1677	4007	2210
3404921	HATHAM AREA	8505	180	CLAIM DENIED DUE TO INSUFFICIE	31	1677	4987	3310
3404921	HATHAM AREA	8505	180		31	1677	4987	3310
3404921	HATHAM AREA	8505	180	CLAIM DENIED DUE TO INSUFFICIE	31	1677	4987	3310
3404921	HATHAM AREA			CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	31	1677	4987	3310
3404921	HATHAM AREA	8505 8599	180	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	31	1677	4987	3310
3404921	HATHAM AREA			CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	31	1677	4987	3310
3404921	HATHAM AREA			CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	31	1677	4987	3310
	HATHAM AREA	8599	93	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	31	1677	4987	3310
	HATHAM AREA THE DURHAM CENT			CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIMS DENIED, SUBMITTED BEYON	31	1677	4987	3310
		8599	93	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY	31	1677	4987	3310
3404922	THE DURHAM CENT	8599	93	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIMS DENIED, SUBMITTED BEYON	31	1677	4987	3310
	THE DURHAM CENT	8599	93	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY	31	1677	4987	3310
	THE DURHAM CENT	8599 8517	93	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	31			
	THE DURHAM CENT	8599	93	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLIENT ID NUMBER DOES NOT MATC	31	1677		
	THE DURHAM CENT	8599 8517	93	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	31			
	THE DURHAM CENT	8599 8517	93	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLIENT ID NUMBER DOES NOT MATC	31			
	THE DURHAM CENT	8599 8517	93 12687 348	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	31			
	THE DURHAM CENT	8599 8517	93	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	31			
	THE DURHAM CENT	8599 8517	93 12687 348	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	31			
	THE DURHAM CENT	8599 8517	93 12687 348	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	2			

PROVIDER	1					1		
		HIGH DENIAL	NUMBER OF		maio	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	FINALIZED	PAID
	PROVIDER NAME				DENTALO	DENIALS	TINALIZED	TAID
3404923	VGFW AREA AUTHO	8599	774	DETAIL NOT COVERED BY COMBINAT				
	RITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	207	PROCEDURE IS NOT COVERED FOR T	0	1005	1265	260
				HIS DATE OF SERVICE				
		101		OTTENED TO MUNICIPE DODG NOW MANG				
		191	11	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
				II FATIENT NAME				
3404925	SANDHILLS CENTE	8599	3360	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	1000	CLAIM DENIED DUE TO INSUFFICIE	168	6869	9137	2268
				NT BUDGET				
		537	922	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404924		9500	2527	DETAIL NOT COMPAND BY COMPAND				
3404926	SOUTHEASTERN RE	8599	2537	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL	1	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			1	
			-	DENEFII FACANGE.			-	
		11	797	CLIENT NOT ELIGIBLE ON SERVICE		40		0700
			1.2.	DATE	193	4007	6739	2732
			<del>                                     </del>		-		<del>                                     </del>	
			<del>                                     </del>				<del>                                     </del>	
		23	143	SERVICE REQUIRES PRIOR APPROVA			<u> </u>	
				L				1
							1	
							1	
3404927	CUMBERLAND CO M	8599	371	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	201	CLIENT NOT ELIGIBLE ON SERVICE	2	843	4711	3868
				DATE				
		8517	117	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404929		8326	517	ATTENDING PROVIDER NUMBER IS R				
3404929	LEE HARNETT MH/	0320	317	EQUIRED WHEN BILLED WITH GROUP				
	DD/SAS			NUMBER. ADD ATTENDING NUMBER A				
				NOMBER. ADD ATTENDING NOMBER A				
		11	122	CLIENT NOT ELIGIBLE ON SERVICE	•		750	0.0
				DATE	0	658	750	92
		8505	8	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404930	JOHNSTON COUNTY	8599	86	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			-					
		8505	51	CLAIM DENIED DUE TO INSUFFICIE	0	146	557	411
				NM DUDODA	·		1	1
				NT BUDGET				
				NT BUDGET				
		11	6					
		11	6	CLIENT NOT ELIGIBLE ON SERVICE				
		11	6					
		11	6	CLIENT NOT ELIGIBLE ON SERVICE				
3404931	NAME OF THE OTHER STATES			CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931	WAKE CO HUM SVC	8517	6 1263	CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON				
3404931	WAKE CO HUM SVC BILLING OF			CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931				CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
3404931				CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY		2020	6324	3404
3404931		8517	1263	CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM	34	2930	6334	3404
3404931		8517	1263	CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE		2930	6334	3404
3404931		8517	1263	CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE		2930	6334	3404
3404931		8517	1263	CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE		2930	6334	3404
3404931		8517 8505	1263	CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET		2930	6334	3404
3404931		8517 8505	1263	CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE		2930	6334	3404
		8517 8505	1263	CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE		2930	6334	3404
		8517 8505	1263	CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE		2930	6334	3404
	BILLING OF	8517 8505	1263 657	CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE		2930	6334	3404
3404931	BILLING OF  RANDOLPH/SANDHI	8517 8505	1263 657	CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE		2930	6334	3404
	BILLING OF  RANDOLPH/SANDHI	8517 8505	1263 657 542	CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE	34			
	BILLING OF  RANDOLPH/SANDHI	8517 8505	1263 657	CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE		2930		
	BILLING OF  RANDOLPH/SANDHI	8517 8505	1263 657 542	CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE	34			

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		HIGH DENIAL EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOPIDEK	PROVIDER NAME	EODS	DENTALS	DESCRIFTION	DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT	11	72	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		8505	62	CLAIM DENIED DUE TO INSUFFICIE				
		6505	02	NT BUDGET	21	229	1591	1362
		8599	40	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	ONSLOW COUNTY B	23	214	SERVICE REQUIRES PRIOR APPROVA				
	EHAVIORAL H			L				
		8329	55	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0	345	393	48
				THE LMA				
				IIIS DOM				
		8625	34	SIX OCCURRENCES OF ASAO SERVIC				
				ES HAVE PROCESSED AND PAID, PA				
				IS REQUIRED FOR ADDITIONAL SER				
3404935	WAYNE CO MENTAL	U	U	*** NO DATA TO REPORT ***				
	HEALTH CTR		1					
		0	0		0	0	0	0
						0		
3404936	WILSON-GREENE M	21	52	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8517	50	CLAIMS DENIED, SUBMITTED BEYON	45	179	1815	1636
				D FILING TIMELIMIT. JULY	43	1/9	1013	1030
				THROUGH APRIL DOS MUST BE SUBM				
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404937	DODGOUDD WAGE	21	1605	DUPLICATE OF CLAIM-SYSTEM				
3101337	EDGECOMBE NASH MNTL HLTH C		1000	DOLLIGHT OF CHILIN OFFICE				
	MATE HEID C							
		8517	836	CLAIMS DENIED, SUBMITTED BEYON	35	2770	7230	4460
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	198	DETAIL NOT COVERED BY COMBINAT				
		0000	230	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS	8517	387	CLAIMS DENIED, SUBMITTED BEYON				
	TONE COUNSE			D FILING TIMELIMIT. JULY				
			1	THROUGH APRIL DOS MUST BE SUBM				
<u> </u>		8599	256	DETAIL NOT COVERED BY COMBINAT	24	750	1331	581
				ION OF RECIPIENT, PROVIDER AND	24	730	1331	301
				BENEFIT PACKAGE.				
		24	20	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE  CODE/TYPE OF SERVICE COMBINATI				
				CODE/IIFE OF SERVICE COMBINATI				
3404939	NEUSE MENTAL HE	8599	1035	DETAIL NOT COVERED BY COMBINAT		1		
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		24	133	PROCEDURE CODE, PROCEDURE/MODI	0	1381	1572	187
	1			FIER COMBINATION OR PROCEDURE				
		1		CODE/TYPE OF SERVICE COMBINATI				
		11	109	CLIENT NOT ELIGIBLE ON SERVICE				
		11	109	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		11	109	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		11	109					

	1	1				ı		
PROVIDER		HIGH DENIAL	NUMBER OF		MAIC	moma i	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	TWO TDEN NAME				DENTALO	PURITHUS		THID
3404941	PITT CO MH/DD/S	8329	261	CLAIM DENIED ATTENDING PROVIDE				
	AS CENTER			R CANNOT BE THE SAME AS				
				THE LMA				
		8517	186	CLAIMS DENIED, SUBMITTED BEYON	35	794	1561	767
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				THROUGH APRIL DOS MUST BE SUBM				
		143	54	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404942	ROANOKE CHOWANH	8599	38	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0517	1.6	OLYTHO DENIED GUDALERED DENOM				
		8517	16	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	17	96	1220	1124
				THROUGH APRIL DOS MUST BE SUBM				
				THROUGH AFRIE DOS MUST BE SUBM				
		11	16	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404943	ALBEMARLE MENTA	8329	439	CLAIM DENIED ATTENDING PROVIDE				
	L HEALTH CE			R CANNOT BE THE SAME AS				
				THE LMA				
		0500	E 4	DEMAIL NOW COVERED BY COVERAGE				
	1	8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	72	656	1281	625
-			<del>                                     </del>	BENEFIT PACKAGE.				-
	+		<del>                                     </del>	- AANGAMAGA				
-		8931	47	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	8599	2678	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	79	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	130	2923	6983	4060
				RVICES IN IPRS.				
		8517	48	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404946	FOOTHILLS AREAM	8517	345	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0500	050	DUMANTA NOM GOVERNOM DIA GOVERNAM				
		8599	252	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	681	4061	3380
				BENEFIT PACKAGE.				
		191	48	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404957	TIDELAND MENTAL	8505	96	CLAIM DENIED DUE TO INSUFFICIE	-		-	
	HEALTH CTR			NT BUDGET				
	1		ļ					
	1	10	15	DIAGNOSIS OR SERVICE INVALID F				
		10	15	OR CLIENT AGE. VERIFY CID,	18	138	819	681
				DIAGNOSIS, PROCEDURE CODE FOR				
	+		<del> </del>					1
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
			1	RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
	1							
	1	0	0		0	0	0	0
			<del>                                     </del>					
3404979	MINIS DELIND A	11	319	CLIENT NOT ELIGIBLE ON SERVICE				
	NEW RIVER AREAM H/DD/SA PRO			DATE				
	, DD/ OR ENU	1	+					
		8599	45	DETAIL NOT COVERED BY COMBINAT	0	364	636	272
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	364	636	272